

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: WEEKLY
Grassy Mountain Facility FORM: RW07
Inspection Record

Date of Inspection: _____ Time: _____ AM/PM

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LANDFILL SYSTEMS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
ALL CELLS:	Check exposed portions of synthetic liners for cracks, tears and signs of deterioration.				
	Check cell for a minimum of 12 inches (12") of freeboard				
RCRA CELL DIKES:	Visually check for vegetation that could be damaging.				
	Visually check for burrowing animals.				
	Visually check for evidence of erosion, leaks or deterioration.				
	Visually check run-on / run-off ditches and drains for deterioration, improper operation or erosion.				
CLOSED CELLS	Check for erosion, settling and subsidence				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO